## **Appendix C—Recommendations for Incorporating Evidence-Based Practices in the CDCR**

## Principles of Effective Research Evidence & Best Practices Measurement/QA Recommendations Intervention. "What Works" (recommedation # corresponds with logic model) The largest known test of the "risk principle" found that the provision Select and utilize an actuarial risk assessment tool to assess risk level data of entire population Who Should be Targeted? High Risk Cases of intensive services for higher-risk offenders was associated with an offender risk for re-offending 18% reduction of recidivism for offenders in residential programs and overall risk score by individual offender High risk offenders will likely reoffend if not a 9% reduction for offenders in non-residential programs. Yet, when Example Risk assessment & re-assessment dates treated. Lower risk offenders are not likely to intensive services were provided to low-risk offenders, they either Limit parole supervision to high and moderate risk offenders, Assessment reoffend, even without treatment. In fact, treathad a very minimal effect or a negative effect on recidivism % case plans in adherence with guidelines/matrix Tools ment of low risk offenders may possibly (Lowenkamp, Latessa, & Holsinger 2006). and release low risk offenders without supervision increase their risk levels by exposing them to % cases where overrides have been applied 7% reduction in recidivism when higher risk received more intensive higher risk offenders ("contagion effect"). The Develop structured guidelines for responding to technical fidelity to risk principle - Shear Dose Hours (SDh) - dosservices and lengthier supervision, 1% reduction when there was no highest risk offenders may not benefit from variation in supervision length and/or treatment services based on treatment either. age = frequency, intensity, & duration violations based on offender risk level and severity of the Match the level of treatment services to the average sentence length & supervision length by risk risk level of the offender. High risk offenders 7% reduction in recidivism when exclusionary criteria were followed # contacts by service type/level for each risk group to ensure program received appropriate offenders, 0% reduction should be prioritized for treatment & should when program received clients inappropriate for services provided. receive more intensive and extensive services. Low-risk offenders should receive minimal or Research on length of stay/involvement in CJS & recidivism rates? no intervention. Targeting criminogenic needs is the most highly supported and powerful principle of effective intervention, demonstrating the most robust correlation with recidivism reduction (.55). Select and utilize a needs assessment battery Need Principle aggregate needs data for entire population What Should be Targeted? Crime-producing Needs criminogenic profile for each individual offender (with Programs that target criminogenic needs reduce recidivism by 20%, programs that target non-criminogenic needs reduce recidivism by only 5%. Effective programs target multiple factors 3 Develop & implement a case planning process Example Needs related to re-offending that can be changed: Assessment Anti-social attitudes scores in each domain area) Tools Anti-social associates 5% reduction in recidivism when more than 25% of program targets were criminogenic, 16% increase in recidivism when 25% or fewer of Personality & temperament assessment & reassessment dates Familial factors program targets were criminogenic. Education/Vocation 6% reduction in recidivism when need factors were assessed, no reductotal "protective score"/strengths for each offender Substance abuse tion when need factors were not identified. 4 Select & deliver an evidence-based menu of standard **Treatment Principle** Washington outcome & cost-benefit study - crim thinking, anger/violence, educational/vocational, family, substance abuse, sex offender program research, etc...(results by each respective program target area) # role plays and behavioral techniques per session How Should Treatment be Delivered? program offerings service capacity - FTE to offender ratio, length of staff Examples of Cognitive-behavioral approaches are most 9% reduction in recidivism when role plays were conducted every session, 2% reduction when role plays were used only occasionally or never Programs in service, staff experience, education, and training, staff effective, incorporating techniques rooted in Major Domain social learning, cognitive therapy, and behavior-Areas turnover rate, group facilitator to participant ratio, etc. 8% reduction with cog-behavioral program, no reduction w/other models 6 Develop and administer an incentive system to reward Compliance & Reinforcement Principle % of sessions attended Research on use of reinforcers... Can offenders be motivated to change behaviors? program compliance/completion and good behavior Responsivity Best practices other states (NY merit time study, etc.)... client satisfaction indicators Effective programs are responsive to individual Factors & differences in motivational levels, personality Example traits, levels of cognitive/intellectual functioning, clinical observation & feedback results (use of reinf) Responsivity and demographic variables, by matching offend-Assessment ers to appropriate treatment groups and staff program retention data Tools facilitators Community Collaboration 8% reduction in recidivism when supported by community, 2% increase in recidivism when community did not value and support the program # meetings scheduled & % held by type Develop formal partnerships with community stakeholders How Can Treatment Gains be Maintained? level of diversity & representation at (advocacy and brokerage) Research on provision of aftercare in community? meetings/workgroups with community stakeholders Effective programs develop formal partnerships with profile of success in working as team (Team Status community stakeholders to ensure a continuum of ser-Missouri's interagency steering team example...collaborative model found recidivism reduction at 6 & 12 months, 4.7% & 3.7%, respectively. Questionnaire) vice delivery, and seamless transition upon re-entry. Maintaining behavioral change requires support from friends, family, and others in the community. average daily population Create a permanent advisory entity to advise the CDCR and Fidelity & Agency Development % completed by type of discharge (success, failure) 9% reduction in recidivism when follow-up data was collected, 4% Is Treatment Achieving the Desired Effect? monitor implementation of the recommendations variance in recid/revoc (by region, facility, staff member) reduction when program did not collect data Effective programs ensure therapeutic integrity recidivism outcomes - arrest, conviction, commitment, Develop performance measures - outcome and process, by continually monitoring service delivery pro-6% reduction in recidivism when internal quality assurance mechanisms revocations (technical and convicted) cesses in areas such as program development, were in place, 1% reduction when internal QA was not conducted other outcomes - drug use, housing, emp, family, educ quantitative and qualitative, for all programs and agency organizational culture, staff selection and traingap between ideal and current cultural environment by ing. Outcome measures are also tracked and area (Likert Organizational Climate Survey)

staff evaluations w/feedback on offender interaction

evaluated to determine whether or not the pro-

gram is achieving its desired effect.

CDCR EXPERT PANEL ON ADULT OFFENDER REENTRY AND RECIDIVISM REDUCTION PROGRAMS